OCT 3 1 2003

SO981-RAKE (CONT)

030

1984 THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re The Application of:)
Richard E. Saffo, Sr.)
)
Serial No.: 10/052,898) Examiner:
Ett. 1. T) A II '4 2672
Filed: January 16, 2002) Art Unit: 3673
For: APPARATUS FOR LEVELING)
AND SMOOTHING OF)
CONCRETE	· ·
)
	DISHONG LAW OFFICES
	765 Greenville Rd.
	Mason, NH 03048
	October 28, 2003

CERTIFICATE OF MAILING under (37 CFR § 1.8)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service as First Class Priority Mail with sufficient postage on the date shown below in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kathlow Charpwow
Kathleen Chapman

10tohor 25 2003

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith for filing is a response to Notice to File Missing Parts dated October 6, 2003 for application Ser. No. 10/052,898. Enclosed with this Certificate of Mailing are the following materials:

- [X] Copy of Notice to File Missing Parts in two (2) pages;
- [X] Check # 5459 in the amount of \$450 for the continuation utility patent application Serial # 10/052,898 filing fee and late charge;
- [X] Replacement drawing for FIG. 9, in one sheet; and
- [X] Return receipt card.

Applicant is a small entity.											
FEE FOR CLAIMS											
3.	The fee for claims is calculated as follows:										
	(Col. 1)	(Col. 2)	(Col. 3)	Small			Other				
				Entity			Entity				
	CLAIMS	HIGHEST		RATE	ADDIT	OR	RATE	ADDIT			
Total	REMAIN 19 ¹	# PREV. Minus 20 ²	EXTRA = 0	X \$9 =	FEE \$0.00		X \$18.00 =	FEE \$0.00			
Ind.	2	Minus 3 ³	= 0	X \$42 =	\$0.00 \$0.00		X \$18.00 =	\$0.00			
MD	ō	0	= 0	X \$140 =			X \$280 =	\$0.00			
Base				+\$385.00	\$0.00		+ \$740 =	\$0.00			
filing					385.00						
fee					****						
Late				+\$65.00	\$65.00						
fee				Total	\$450.00	OR	Total	\$0.00			
Notes	•			1 0m1	\$150.00	0.10	10111	•0.00			
	¹ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.										
² If the "HIGHEST # PREV." (highest number of claims previously paid for) is less than 20, enter "20".											
³ If the "HIGHEST # PREV." is less than 3, enter "3".											
[a] [X]No additional fee is required OR											
4	[b] [] Total additional fee required is \$0.00.										
4.	FEE PAYMENT										
[X] Attached is a check # <u>5459</u> in the sum of <u>\$450.00</u> .											
	[] Charge Account No the sum of \$										
A duplicate of this transmittal is attached.											
5.		ICIENCY									
[] If any additional extension fee is required, charge Acct. No											
AND/OR											
	[] If any additional fee for claims is required, charge Acct. No										
6.	[X] Also enclosed is: Replacement drawing, FIG. 9.										
7.	[X] Also enclosed is a copy of the Notice to File Missing Parts.										
8.	8. [X] Also enclosed is: A return receipt card.										
Respectfully submitted,											

Respectfully submitted,

Kathleen Chapman, Esq.
Attorney for Applicant; Reg. No. 46,094
DISHONG LAW OFFICES Voice: 603-878-4993; Fax: 775-218-4407

765 Greenville Rd. Mason, NH 03048

e-mail: chapman1103@prexar.com